AGENCY CUSTOMER ID: _____

ACORD®

EQUIPMENT BREAKDOWN SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

MODEL YEAR OF OLDEST EQUIPMENT:

PREMISES INFORMATION - PREMISES NO. _____ BUILDING NO. _____

	POLICY LIMIT	DEDUCTIBLE		POLICY LIMIT	DEDUCTIBLE
EQUIPMENT BREAKDOWN	$	$	UTILITY / SERVICE INTERR	HOURS	
PRESSURE OR VACUUM EQUIPMENT	$ PD	$	NEWLY ACQUIRED PREMISES	DAYS	
MECHANICAL AND ELECTRICAL EQUIPMENT	$ PD	$	ORD OR LAW	$	$
PRODUCTION MACHINERY	$ PD	$	ERRORS AND OMISSIONS	$	$
DIAGNOSTIC EQUIPMENT	$ PD	$	BRANDS AND LABELS	$	$
EXPEDITING EXPENSE	$	$	CONTINGENT BUS INC / EXTRA EXPENSE	$	$
BUSINESS INCOME / EXTRA EXPENSE	$	$	COVERED PREMISES	$	$
EXTRA EXPENSE ONLY	DAYS		SALES, SERVICE, MATERIALS	$	$
EXTENDED PERIOD OF RESTORATION	DAYS		DEMOLITION	$	$
DATA OR MEDIA	$	$	OFF PREMISES PROPERTY DAMAGE	$	$
SPOILAGE / PERISHABLE GOODS	$	$			

COVERAGE LIMITATIONS

	LIMIT (If Applicable)
AMMONIA CONTAMINATION	
CONSEQUENTIAL LOSS	
HAZARDOUS SUBSTANCE	
WATER DAMAGE	

CONDITIONS OR OPTIONAL COVERAGES

	LIMIT (If Applicable)
BUSINESS INCOME REPORT DATE	
BUSINESS INCOME ANNUAL VALUE	$
BUSINESS INCOME COINSURANCE PERCENTAGE	%
DIAGNOSTIC EQUIPMENT (INCLUDED OR EXCLUDED)	

ADDITIONAL INTEREST

INTEREST

- ☐ ADDITIONAL INSURED
- ☐ BREACH OF WARRANTY
- ☐ CO-OWNER
- ☐ EMPLOYEE AS LESSOR
- ☐ LEASEBACK OWNER
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ MORTGAGEE
- ☐ OWNER
- ☐ REGISTRANT
- ☐ TRUSTEE

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

REFERENCE / LOAN #:

LIEN AMOUNT:

INTEREST END DATE:

PHONE (A/C, No, Ext):

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

VEHICLE: BOAT:

AIRPORT: AIRCRAFT:

ITEM CLASS: ITEM:

ITEM DESCRIPTION

FAX (A/C, No):

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST

- ☐ ADDITIONAL INSURED
- ☐ BREACH OF WARRANTY
- ☐ CO-OWNER
- ☐ EMPLOYEE AS LESSOR
- ☐ LEASEBACK OWNER
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
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NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

REFERENCE / LOAN #:

LIEN AMOUNT:

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PHONE (A/C, No, Ext):

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LOCATION: BUILDING:

VEHICLE: BOAT:

AIRPORT: AIRCRAFT:

ITEM CLASS: ITEM:

ITEM DESCRIPTION

FAX (A/C, No):

REASON FOR INTEREST:

E-MAIL ADDRESS:

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Attach to ACORD 125

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXCEPT FOR Q. 4, EXPLAIN ALL "NO" RESPONSES	Y / N
1. ARE EQUIPMENT MAINTENANCE, OVERHAUL, MONITORING, DISASSEMBLY AND REPAIR CONDUCTED ACCORDING TO MANUFACTURERS' INSTRUCTIONS?	
2. IS ALL EQUIPMENT ACCESSIBLE WITH RESPECT TO REPAIR OR REPLACEMENT?	
3. ARE ALL EQUIPMENT INSTRUMENTATION AND CONTROLS IN ACCORDANCE WITH MANUFACTURERS' SPECIFICATIONS?	
4. ARE CHLOROFLUOROCARBON (CFC) REFRIGERANTS USED IN THE MACHINERY TO COOL ANY PART OF THE PREMISES OR PROCESS? IF "YES", EXPLAIN.	
5. IS ALL MACHINERY AND EQUIPMENT IN GOOD CONDITION?	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER